

JC685 U.S. PTO
10/21/01

09-24-01 A

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit on original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages 24]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 8]
5. Oath or Declaration [Total Pages 3]
 a. Newly executed (original or copy)
 b. Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No _____ / _____

Prior application information Examiner _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

| | | | | | |
|--|---|----------------------|---------------|--|--|
| <input type="checkbox"/> Customer Number or Bar Code Label | (Insert Customer No. or Attach bar code label here) | | | or | <input checked="" type="checkbox"/> Correspondence address below |
| Name | | Rosenman & Colin LLP | | | |
| Address | | 575 Madison Avenue | | | |
| City | New York | State | NY | Zip Code | 10022-2585 |
| Country | USA | Telephone | (212)940-8800 | Fax | (212)940-8776 |
| Name (Print/Type) | | Samson Helfgott | | Registration No. (Attorney/Agent) 23,072 | |
| Signature | | | | Date 09/21/01 | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

1050 U.S. PTO
09/21/01

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 830.00)

Complete if Known

| | |
|----------------------|-------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | M.OKAMURA |
| Examiner Name | |
| Group Art Unit | |
| Attorney Docket No. | FUJZ 19.021 |

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.

Deposit Account Number 50-1290

Deposit Account Name Rosenman & Colin LLP

 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

 Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|-----------------------------------|---------------|-----------------|----------------------|
| Fee Code (\$) | Fee Code (\$) | Fee (\$) | |
| 105 | 130 | 205 | 65 |
| 127 | 50 | 227 | 25 |
| 139 | 130 | 139 | 130 |
| 147 | 2,520 | 147 | 2,520 |
| 112 | 920* | 112 | 920* |
| 113 | 1,840* | 113 | 1,840* |
| 115 | 110 | 215 | 55 |
| 116 | 390 | 216 | 195 |
| 117 | 890 | 217 | 445 |
| 118 | 1,390 | 218 | 695 |
| 128 | 1,890 | 228 | 945 |
| 119 | 310 | 219 | 155 |
| 120 | 310 | 220 | 155 |
| 121 | 270 | 221 | 135 |
| 138 | 1,510 | 138 | 1,510 |
| 140 | 110 | 240 | 55 |
| 141 | 1,240 | 241 | 620 |
| 142 | 1,240 | 242 | 620 |
| 143 | 440 | 243 | 220 |
| 144 | 600 | 244 | 300 |
| 122 | 130 | 122 | 130 |
| 123 | 50 | 123 | 50 |
| 126 | 180 | 126 | 180 |
| 581 | 40 | 581 | 40 |
| 146 | 710 | 246 | 355 |
| 149 | 710 | 249 | 355 |
| 179 | 710 | 279 | 355 |
| 169 | 900 | 169 | 900 |
| Other fee (specify) _____ | | | |
| *Reduced by Basic Filing Fee Paid | | | SUBTOTAL (3) (\$ 40) |

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$) Fee Code (\$)

101 710 201 355 Utility filing fee

106 320 206 160 Design filing fee

107 490 207 245 Plant filing fee

108 710 208 355 Reissue filing fee

114 150 214 75 Provisional filing fee

Fee Paid

710

SUBTOTAL (1) (\$ 710)

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 7.00 | -20** = | x 18.00 = | 0 |
| 4.00 | - 3** = | 1.00 x 80.00 = | 80 |
| Multiple Dependent | | = | |

Large Entity Small Entity

Fee Code (\$) Fee Code (\$)

103 18 203 9 Claims in excess of 20

102 80 202 40 Independent claims in excess of 3

104 270 204 135 Multiple dependent claim, if not paid

109 80 209 40 ** Reissue independent claims over original patent

110 18 210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 80)

*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

| | | | | |
|-------------------|-----------------|-----------------------------------|--------|------------------------|
| Name (Print/Type) | Samson Helfgott | Registration No. (Attorney/Agent) | 23,072 | Complete if applicable |
| Signature | | Date | | 09/21/01 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.